

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Nancy B. McPherson
Secretary of State
DIVERSION OF BUREAUCRACY

SEP 11 11 51:05

DOCUMENT # **F31166** (4)
1. Corporation Name
NANCEE K. THORESEN, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **4711 CRAYTON RD NAPLES FL 33940**
Mailing Address: **4711 CRAYTON RD NAPLES FL 33940**

DO NOT WRITE IN THIS SPACE

3. Date last reported for (Quarter) **04/17/1981** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business: **21** Mailing Address: **26**
City, State: **22** State, Zip: **27**
City, State: **23** City, State: **28**
City, State: **24** City, State: **25** City, State: **29** City, State: **30**

4. FFI Number **59-2093042** Applied Fee: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. Does corporation have liability for intangible tax under S. 199.02? Yes No

9. Name and Address of Current Registered Agent
PRAETE, V. A.
2375 TAMAMI TRAIL NORTH SUITE 310

NAPLES FL 33941

10. Name and Address of New Registered Agent
81. Name: _____
82. Street Address, P.O. Box Number or Post Office: _____
83. _____
84. City: _____ FL 85. Zip Code: _____

11. I, the undersigned, being a resident qualified person, do hereby certify that the foregoing is a true and correct copy of the information required by law to be filed with the Secretary of State, and that the same is true and correct as of the date of filing of this report.

12. OFFICERS AND DIRECTORS

NAME	PD THORESEN, NANCEE K
Street Address	4711 CRAYTON RD
CITY	NAPLES FL
NAME	STD THORESEN, RONALD
Street Address	4711 CRAYTON RD
CITY	NAPLES FL
NAME	
Street Address	
CITY	
NAME	
Street Address	
CITY	
NAME	
Street Address	
CITY	

13. ALL OTHER PERSONS HAVING CONTROL OR INTEREST IN THE CORPORATION

NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
Street Address		
CITY		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
Street Address		
CITY		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
Street Address		
CITY		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
Street Address		
CITY		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
Street Address		
CITY		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law for certain Florida Statute Chapter 199, and that the information indicated on this annual report or supplemental annual report is true and accurate and that the signatory shall have the same reported to the Florida Secretary of State in the manner required by law, and that the signatory appears in Block 12 of this report or on an attached form with an address.

SIGNATURE: *Nancee K. Thoresen*
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

APR 27 1995